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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0906 (November 2008) | FOR FCC USE ONLY |
| FCC 317 | | FOR COMMISSION USE ONLY FILE NO. BAFDDT - 20121115AHT |
| ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS | | |
| Read INSTRUCTIONS Before Filling Out Form | | |

Section I - General Information

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| 1. | Legal Name of the Licensee or Permittee NPG OF IDAHO, INC. | | |
| | Mailing Address 825 EDMOND STREET | | |
| | City ST. JOSEPH | State or Country (if foreign address) MO | ZIP Code 64501 - |
| | Telephone Number (include area code) 8162718505 | E-Mail Address (if available) | |
| | FCC Registration Number: 0013866462 | Facility ID Number 168282 | Call Sign K22IM-D |
| 2. | Contact Representative (if other than Licensee or Permittee) ROBERT LEWIS THOMPSON | | Firm or Company Name SMITHWICK & BELENDIUK, P.C. |
| | Telephone Number (include area code) 2023634050 | E-Mail Address (if available) BTHOMPSON@FCCWORLD.COM | |
| 3. | <p>For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?</p> <p>If "No," complete Question 7 and submit this Report to the Commission.</p> <p>If "Yes," proceed to Questions 4 through 7.</p> | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 4. | <p>Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.</p> <p>Services Provided</p> | | |
| 5. | Total amount of gross revenues derived from feeable ancillary or supplementary services: | | \$ |
| 6. | Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services? | | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| 7. | Certification. I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete. | | |
| | Typed or Printed Name of Person Signing LYLE LEIMKUHLER | | Typed or Printed Title of Person Signing VICE PRESIDENT |
| | Signature | | Date 11/15/2012 |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE,